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Welcome

The staff of NorWest Newspapers feels health care is one of the top two vital components, next to education, of keeping our towns alive and well.

Access to good health care can mean the difference between towns living or dying.

The subject interests older people, who see their health declining and are looking for someplace nearby to get the care they need. The subject interests young families who are beginning to raise families, and want someone nearby to handle those little emergencies.

Our hospitals continue wrestling with the problem of recruiting doctors, nurses and staff. Some are investing in the future, trying to grow hometown doctors and specialists.

No one — families, young people, the elderly — wants to settle in towns without good hospitals, clinics and emergency medical treatment. Technology continues to expand the ability of the small hospitals to stay up with the latest treatments and bringing the doctor closer to the patient.

If our towns are to succeed, we need good, affordable health care nearby.

We found health care is available and mostly affordable, and although our hospitals and clinics sometimes struggle, they are surviving and growing and serving their communities. The hospital staffs are committed to providing top-notch service and excellent patient care.

Specialists, once found only in the cities, are coming to their patients, and smaller hospitals are willing to send those with special needs on to larger, more specialized facilities.

Alternative sources for helping people live healthy lives provide a variety of services and can be found all over our publication area.

The government is trying to compensate rural hospitals more fairly, but the jury is out on how much good or effect the state health care reform will do.

Like most things in the High Plains, people are working together to solve their health care problems

This section is brought to you by the staffs of
 The Bird City Times
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ON THE COVER: Emergency medical technicians Neil Normandin (left) and Bruce Gleason held Levina Randall's head against a back board as they got ready to lower her and load her into an ambulance. Randall, 74, was hurt about 3:30 p.m. on April 16 on 13th Street between Cherry and Caldwell in Goodland when a high school student hit the rear end of the car she was riding in.

— Photo by Pat Schiefen/The Goodland Star-News

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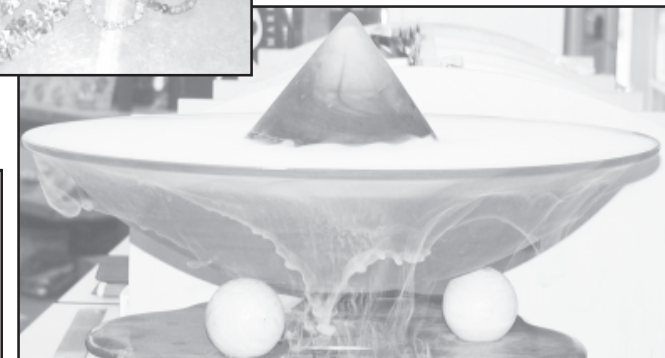


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Hard to recruit nurses because of low pay

By Kimberly Davis

The Oberlin Herald
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Hospitals in rural Kansas have a hard time recruiting and keeping nurses — unless they're married to someone who farms or owns a business in town — because city hospitals pay employees more.

Lynn Doeden, administrator at the Decatur County Hospital in Oberlin, said they put ads in the paper for nurses, but there is a shortage of those who want to work in rural Kansas.

One reason, said Mrs. Doeden, is because rural hospitals can't pay as well as those in urban areas. Another is because many people aren't interested in living in small towns.

Lots of the nurses at the hospital, she said, are married to farmers or people who own businesses in town. The hospital one of the nursing homes or other health facilities in the area is then a logical place for them to work.

Although the Decatur County Hospital has 54 nurses, including registered, licensed practical and certified nursing aides, she said, it could use a few more. The hospital, said Mrs. Doeden, needs part-time nurses, not full-time, and people want to work more hours than the part-time jobs provides. She said the facility needs part-timers to help fill in for vacations and sick leave.

Some facilities offer sign-on bonuses paid over time, said Mrs. Doeden, but the Oberlin hospital doesn't. One reason for that, she said, is because it would make it hard to reward people who have worked for 20, 30 or more years. There need to be incentives for nurses to stay, she said.

The hospital will pay a certain amount for continuing education, she said, although not the full amount for schooling. After six months, said Mrs. Doeden, the hospital offers educational assistance programs, including getting that person in touch with the Decatur County Health Foundation, which has a loan fund. Nurses and other professionals can then work in the county to pay off the loan.

The shortage of nurses in rural Kansas isn't the only issue when staffing a health facility, there also aren't a lot of doctors who want to work in this part of the world.

Currently, the Oberlin Clinic is searching to



AT THE NURSE'S STATION Linda Stanley worked on a paperwork during her shift at the Decatur County Hospital. — Photo by Kimberly Davis/The Oberlin Herald

hire a new doctor. That's done through a doctor procurement committee, said Mrs. Doeden. The committee has to hire a recruiting firm to help find a physician, so the members have to raise money to pay the firm.

Although the committee helps search for a doctor and does a preliminary interview, the clinic actually does the hiring, Mrs. Doeden said.

It seems that doctors don't want to come to rural America for the same reason as nurses. The

pay is higher in urban areas, said Mrs. Doeden, and because there would only be three doctors in Oberlin, along with a nurse practitioner, they have to take call more and be away from their families more than they would in a city.

Both nurses and doctors also look at the rural area as offering a lack of things to do, she said.

The nurse shortage in rural Kansas isn't because a lack of people interested in going into the field, though.

Ruth Wolfram, director of nursing educa-

tion at Colby Community College, who is a registered nurse and has a Master of Science in nursing, said there are more people who want to attend the college to become nurses than there are slots available. Colleges have a selective enrollment process because of the the intense studies and the fact that the school has to have a 10-1 student-teacher ration for clinical subjects. Classroom theory is a bit different, she said.

Recently, the Kansas Board of Regents started a nurse initiative to help increase the enrollment, making it possible for Colby to take 10 more students into practical nursing and 10 more into the registered nursing program. The initiative means schools were able to apply for a grant to help with technology as well.

Currently, the school can take 30 in the practical nursing program in Colby and 18 in Norton, Mrs. Wolfram said. The college only offers the registered nursing program in Colby, admitting 40 students each year, she said, and the program is full.

The college offers a "one-plus-one" program, she said, meaning the students start in the practical nursing program and then take their boards, and if they pass they can get into the registered nursing programs.


Part of the shortage problem, she said, is that they need more people to teach nursing, and this is a problem all over the state.

The college has a 100 percent job placement rate, said Mrs. Wolfram, and Decatur, Norton and Thomas counties employ a lot of the nursing graduates. There are also several in Rawlins and Cheyenne counties, but also some who will go to Salina.

The graduates go onto jobs in all avenues of health care, including hospitals, clinics, nursing homes and at the state prisons, she said.

Part of hiring a graduate, said Mrs. Wolfram, is that it's important for the new nurses feel welcome. The older nurses, need to share their experiences and welcome the younger generation in. Hospitals also need to increase benefits and make sure there is a long enough orientation at a new place — at least six months. The wages have to be competitive with others in the area, she said.


See NURSES, Page 5



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State health care reform sparks lively debate

By Tom Betz

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Health care reform tops a list of issues Kansas lawmakers are trying to wrestle with this session in the Legislature, tackling questions of who should pay medical bills and who and what should be covered by state health programs.

The Legislature returns from a break this week, and one of the unfinished issues is the work between the House Health and Human Services Committee and the Senate Health Care Strategies Committee on different health reform bills.

Opinions are split on the fate of the bills, and whether they are taking the state in the right direction. A conference committee, made up of three senators and three representatives, met several times before the session break and finally



Nielsen



Morrison

agreed to disagree. That puts the issue back in the hands of the legislators coming back from the break.

"Health reform is not done yet," said Dr. Marcia Nielsen, director of the Kansas Health Policy Authority. "I am cautiously optimistic that the legislators will come back and get health reform done this year.

"It would be a shame if the state says the compromise is not enough, and we hope the legislators think this is a step in the right direction. We think this is a first foundation, but would not want to mislead anyone that this is going to really do all the changes."

Nielsen, and the policy authority she leads, spent the past year developing recommendations on health reform to be presented to the Legislature. The effort included a tour of the state to gather information from people, with stops in

Goodland, Colby and Norton in August.

"Providing and protecting health insurance, paying for prevention and primary care and promoting personal responsibility," Nielsen said at a public session in Goodland in August, were the objectives of the health reform program.

Asked if the bills being negotiated address these areas Nielsen said she felt they do.

"Yes, I think it does some for all three areas," she said. "We need to have federal help and have to have some changes in federal laws to allow us to make the changes that are needed. The federal government regulates more of the medical field than anybody, and it will take some changes at that level. States are forced to do what they can in this area."

From the viewpoint of Rep. Jim Morrison (R-Colby), a member of the House Health and Human Services panel, the whole health reform effort is needed, but he feels it is on the wrong track.

"Thousands of Kansans have little or no health insurance," said Morrison. "This forces many to emergency rooms and passes on the costs to those who do have coverage. It is clear our state's health care system must be reformed for the betterment of all Kansans."

Asked about the Health Policy Authority's program, Morrison said he could not address the meetings held around the state, but had an overview of their reform plans.

"I know they are attempting to move away from a competitive market into a single-payer, government-sponsored health system," he said. "That is very much the wrong way to go.

"We need to increase competition at the provider level through scope expansion and getting more professional health care people into the system. Then we need to have reimbursements for health care paid to the insured so they can determine exactly what the costs of care are.

"Right now, there is absolutely no transparency in the cost of care and the patient's ability to determine if a fair reimbursement for services provided is actually given. The insured has to have an incentive to keep their own utilization cost down, and right now we do not have such incentives. 'Whatever it costs; I'm insured' is the phrase of the day.

"Insurance companies are not the problem; providers charge and no one knows if that charge is appropriate.

"If we did that with the cost of gasoline, we would now be paying somewhere north of \$45 per gallon for our vehicles! That might be a slight exaggeration, but only slight."

Morrison said he did not support the House version and feels there are a number of questions that need to be addressed.

"Budget restraints kept us from doing every-

Nurses hard to recruit to area

NURSES, from Page 4

Rural nursing is a speciality in itself, said Mrs. Wolfram; people have to do all kinds of nursing. Nurses have to be skillful and independent to work in a rural area.

Annie Staats, director of nursing at the Sheridan County Health Complex, said nursing is an attractive career. It is competitive and once someone is a nurse they can get a job anywhere. It is a profession that will always be needed. It is easy to advance in nursing too, said Ms. Staats, because there are so many fields.

The biggest problem is, she said, is it's hard to get into nursing school. For instance if only 20 are accepted into the program and only 20 graduate each year. It's easy in this area for 20 or more people to retire each year and there aren't enough graduates to fill those jobs.

At the health complex, she said, there are 17 nurses including herself. Currently, said Ms. Staats, with the patient to nurse ratio 17 is enough. Of course, she said, she would like to

hire more.

In that staff, she said, at least 10 of them are 60 or older, meaning they may retire soon. Of the others most have been out of school for six to seven years.

Three years ago, said Ms. Staats, the health complex had a shortage of nurses. She said she had to do some heavy recruiting. Part of being able to hire the nurses was offering a competitive salary with urban areas and a good benefits package.

She said the facility also offers reimbursement for 30 hours of education every two years.

Ms. Staats said she is trying to play an active role in getting people interested in the nursing profession. The facility has a raise up a nurse program in which she goes into the grade schools in Sheridan County and talks to the kids about nursing. She encourages them to choose to go to college to become a nurse. She said she is working with setting up the program at the high school.

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See REFORM, Page 6

State health care reform sparks debate, compromise

REFORM, from Page 5

thing and I am not really very happy about the anemic House Substitute to Senate Bill 81," Morrison said. "I actually was one of several voting against it because it does not go far enough. Something is better than nothing and, hopefully, we will look at the true problem in cost, which is lack of competition and openness (transparency) of the charges made by providers and suppliers in the monopoly we call health care."

"I am a fan of Rep. Morrison," Nielsen said, "and know he was conflicted about the compromise. I am encouraged to hear he feels something is better than nothing."

"Morrison knows what he is talking about hearing the frustration from the people who are asking, 'What can we do to promote real change and does this plan do that.'"

"I hope hope the legislators come back and are able to handle the compromise that has been worked out."

Nielsen said at least one member of the advisory board has raised questions about parts of the programs.

"Last fall, Dr. Nielsen said her agency was dedicated to accomplishing real changes in Kansas public health," wrote Kenneth Daniels, a Topeka businessman who publishes KSSmallBiz.com, a small business web site and newsletter. "They didn't want to merely 'rearrange the

deck chairs on the Titanic.'

"As a deeply involved volunteer, I've now spent more than five years arranging deck chairs. I'm ready to chuck those chairs into the ocean and go work on something where I can get some results."

"I'm worried that we are in a 'no chance to win' situation when it comes to health insurance for small businesses. Numerous hurdles, mandates, prohibitions, taxes and more have been enacted which work against nongovernment solutions for small businesses."

Nielsen said she and Daniels have agreed to disagree.

"He (Daniels) wants to see this done a different way. I told him there are people who cannot

afford health insurance because they are ill and end up in the high risk pool. It is expensive and not a very good plan.

"I said it would be better if people can get coverage options under our state-procured plans, like the coverage we have for state employees."

Looking at the effort over the past two years, Nielsen said she thinks the state is making progress, but sometimes it is hard to explain that to people.

"I will say the biggest challenge for me is to share information that people can understand," she said. "We may understand the issues intuitively, but when you start trying to talk about, it we get very complicated and it gets confusing."

Legislative compromise could create foundation for future change

By Tom Betz

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A negotiated compromise report on health care change will be one of the items the House and Senate will face this week when they return from their three-week break.

The House Health and Human Services and Senate Health Care Strategies conference committee tried to work out a compromise before the break.

Dr. Marcia Nielsen, director of the Kansas Health Policy Authority, said in a telephone interview she feels the negotiated compromise is a foundation for changing the health options in the state.

In a series of meeting around the state last year, the authority established a list of 21 items that were given to the governor and Legislature to address the needs of people in Kansas.

Providing and protecting health insurance, paying for prevention and primary care and promoting personal responsibility were among the major issues Nielsen said the authority identified and tried to include in the bills this session.

In the personal responsibility area, she pointed to Kansas Health Online (kansashealthonline.org), a web site giving comparative health insurance information. She said this will help people shop for health care and find the insurance plan that meets their needs.

Another piece will revise employer-sponsored cafeteria plans (known as section 125 plans) to

make it easier for people to buy insurance and get a tax advantages. It will allow employers to offer premium-only cafeteria plans.

The compromise would expand Medicaid, the state-federal program which covers low-income people and others, for pregnant women and also include tobacco cessation programs.

She said some important things the authority had recommended — an increase in tobacco taxes to help pay for programs and a statewide smoking ban — were not included.

Nielsen said part of the legislation would define and promote development of Medical Homes, which she feels would be a change in the underlying medical system.

"We have to look at a new model of health care delivery that is driven by doctors and patients rather than the insurance companies," Nielsen said. "The idea of a Medical Home is to coordinate better care between doctors and patients to promote healthy living and preventative care."

"This idea of a medical home is tremendously important," said Sen. Jim Barnett (R-Emporia), a physician who chairs the Senate Public Health and Welfare Committee and the Joint Committee on Health Policy Oversight.

To advance the concept, Barnett said the state should consider encouraging certain practice characteristics through the way it reimburses providers.

"What if we link reimbursement to the providers in those medical homes so that they're paid

for immunizations, for well-care visits and those types of things?" he asked.

Nielsen said another objective is to create a community health record and use technology to reduce the paperwork that goes along with medicine. One proposal is to create a standardized health card for people to streamline the system.

Dealing with the affordability and access to health insurance, Nielsen said the premium assistance program, passed last year to be funded this year, would help those who have access to insurance through their employer, but are not

taking advantage of it now.

"Some people are not poor enough for Medicaid or not paid enough to afford the family insurance," Nielsen said. "The employer-sponsored insurance can be cheap enough for the employee, but not to add the family."

"The premium assistance would say the state would help pay for the family health insurance as part of the Employer Sponsored Insurance premium-assistance program."

"We want to help families pay for the coverage

See COMPROMISE, Page 7



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